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Produced by Kate Connelly Theroux in collaboration with the Institute of Federal Health Care (IFHC)

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## Executive and Congressional News

- The Senate is in recess this week.
- **According to Navy Times, the congressional panel tasked with making deficit-reduction decisions is facing sharply conflicting views on whether military retirement and health benefits should be put on the chopping block.**

Senator John McCain, ranking Republican on the Senate Armed Services Committee, has proposed barring military retirees from signing up for TRICARE Prime, the least expensive TRICARE option available to them.

The proposal is drawn from a March 2011 report from the nonpartisan Congressional Budget Office on ways to reduce the federal deficit.

TRICARE Prime is the military's managed care plan, with an annual enrollment fee of \$460 for individuals and \$520 for families and low co-pays for treatment. The CBO said barring retirees and their families from Prime would reduce Tricare costs by \$111 billion over 10 years.

About 5.4 million people are enrolled in TRICARE Prime, with 1.5 million potentially affected by McCain's plan.

Seventy-one percent of retirees and retiree family members in TRICARE Prime rely entirely on the military for health care. That would drop to 35 percent under the McCain proposal, according to the CBO's estimate.

### Military Health Care News

- **Thomas Carrato has been promoted to president of Health Net Federal Services LLC, part of the government contracts segment of Health Net.**

He is also responsible for MHN Government Services, a subsidiary of Health Net's Managed Health Network Inc.

Carrato joined Health Net Federal Services in March 2006 as the program officer for Department of Defense contracts. He has more than 27 years of experience in managing and overseeing government health care programs.

He will continue to report to former president Steve Tough, who now oversees all of Health Net's government business lines. They include the Departments of Defense, Veteran Affairs and Medicare and Medicaid.

- **The US Family Health Plan, a Department of Defense health care option available to military family members in six areas across America, has achieved a 2011 aggregate member satisfaction rating of 91.4 percent.**

This score is 42.8 percent higher than the national average for satisfaction with managed care plans, compared to the 216 plans documented in the National Committee for Quality Assurance (NCQA) 2011 Quality Compass Report.

The independent assessment of 4,540 US Family Health Plan members by the Myers Group of Duluth, Ga., an NCQA-certified survey vendor, utilized the most widely used set of metrics in the managed care industry — the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) 4.0H Survey — to measure performance on key dimensions of care and service. Compared to members of the plans included in the Quality Compass, the US Family Health Plan members reported significantly higher satisfaction with customer service, claims processing, their personal doctors and specialists, how well their doctors communicate, the ability to get needed care, and get care quickly.

US Family Health Plan has been a TRICARE Prime option within the Military Health System for over 30 years. For more information about US Family Health Plan, visit [www.usfamilyhealthplan.org](http://www.usfamilyhealthplan.org).

- **The TRICARE Management Activity (TMA) issued a request for information (RFI) on the TRICARE Overseas Program on Oct. 25, 2011.**

The RFI invites potential offerors to provide an industry perspective to the TRICARE Overseas Program (TOP) so that the structure of the next generation of the TOP health care support services contract may be developed to reflect best practices and innovative solutions to military health care challenges in the overseas environment.

Input and information may be provided in writing or through one-on-one meetings (in person or via teleconference) with TMA. One-on-one meetings are intended to allow full disclosure in an environment that protects any information shared. The one-on-one meetings will be held face-to-face at the TMA offices in Aurora, Colorado; and will occur between Dec. 1, 2011 and Dec. 16, 2011.

For more information: [https://www.fbo.gov/index?o=opportunity&mode=form&id=5ba29d51317ac72163ab508ec4531ccc&tab=core&tabmode=list&print\\_preview=1](https://www.fbo.gov/index?o=opportunity&mode=form&id=5ba29d51317ac72163ab508ec4531ccc&tab=core&tabmode=list&print_preview=1)

- **Veterans Affairs, the U.S. Army and the Defense Department are urging service members who may have been bitten by an animal in Iraq or Afghanistan or come in contact with a mammal's saliva to contact their primary caregivers to be evaluated for rabies.**

The incubation period for the rabies virus varies from weeks to months, and in some cases, more than a year after exposure, a time frame that has led Defense Department officials and the VA to redouble their efforts in reaching personnel who might have come in contact with dogs, cats, bats and other mammals overseas.

The alerts were first issued following the death Aug. 31 of Spc. Kevin Shumaker, a Fort Drum, N.Y., soldier who contracted rabies in Afghanistan. The Livermore, Calif., native was bitten in January when he tried to break up a fight between two dogs and was not given the comprehensive series of treatments for the disease.

According to several health organizations, Iraq and Afghanistan are both considered high-risk countries for rabies exposure, with dogs being the virus's primary carriers. Between 2001 and 2010, 643 service members in theater were bitten by animals, roughly half of which were from dogs. Of those bites, 177 service members received rabies vaccinations and 25 received rabies immune globulin, a treatment for patients who didn't previously receive a rabies vaccine but who may have been exposed.

In its September Medical Surveillance Monthly Report, the Armed Forces Health Surveillance Center said animal bites often go unreported because they are considered minor wounds. Service members, however, should take be aware of the risks, the report warns.

### Veterans Health Care News

- **Secretary of Veterans Affairs Eric K. Shinseki announced that the Department's Gulf War Veterans' Illnesses Task Force has completed the draft of a comprehensive report that will outline how the Department of Veterans Affairs (VA) addresses the concerns of veterans who deployed during the Gulf War in 1990 and 1991.**

Over the past year, the task force has examined, evaluated, designated and adjusted the initial roadmap outlined in last year's report. VA has designated steps to improve care and services to Gulf War I veterans and these improvements are becoming a part of our culture and operations.

This year's report focuses on improvements in the delivery of health care for Gulf War veterans. One of the most substantial additions is modifications to clinical care models used for Gulf War veterans, which is the most critical point of service VA provides. There are better linkages between specialty knowledge and

services at the basic point of care. Clinical research and development is significantly contributing new concepts and methods to clinical practice and clinical education throughout VA.

Two new positions were established in the Office of Research and Development for deployment and Desert Shield and Desert Storm health-related issues. Both positions have been filled and are enhancing research efforts for Gulf War veterans and will continue to do so in the coming years.

VA is also strengthening partnerships and medical surveillance to address the potential health impacts on Veterans from the environmental exposures on today's battlefield. Additionally, VA continues to use social media to improve communication with Gulf War veterans.

As a first step, VA is seeking public comments on the draft written report before final publication. The public notice and instructions for how to submit electronic and comments via postal mail will be posted at [www.regulations.gov](http://www.regulations.gov), and the draft written report will be open for comment for 30 days.

In addition, VA recognizes that a great number of Gulf War veterans use the Internet on a daily basis to share their ideas and concerns, so VA has also created a public discussion board on the seven recommendations at: <http://vaqulwartaskforce.uservoice.com>.

To view the report without making recommendations, please visit VA's website at [http://www.va.gov/opa/publications/Draft\\_2011\\_GWVI-TF\\_Report.pdf](http://www.va.gov/opa/publications/Draft_2011_GWVI-TF_Report.pdf).

- **RelayHealth, McKesson's connectivity business, has been named the winner of the Department of Veterans Affairs (VA) "Blue Button for All Americans" contest.**

RelayHealth won the \$50,000 contest prize by making a Blue Button personal health record (PHR) system available to all patients, including veterans, of more than 25,000 physicians across America. VA's Innovations Initiative (VAI2) sponsored the contest.

RelayHealth has announced that it will donate the prize to the Wounded Warrior Project, which supports programs that assist injured service members, veterans and their families.

Blue Button personal health records (PHR) allow patients to see, download and keep their health data by clicking the "Blue Button" on a secure Internet site. Patients can then choose to share their data with their physicians or family members or make it available if emergency treatment is needed. Blue Button downloads are delivered in text files that can be downloaded, read, stored and printed on any computer without special software. Patients can also authorize use of a Blue Button transfer of their medical data from a treating physician to another medical provider.

A recent study by New York-based Manhattan Research found that 56 million Americans have accessed their health information on electronic systems maintained by their physicians – and 41 million more are interested in doing so.

The Blue Button concept was developed by VA in collaboration with the Centers for Medicare and Medicaid Services (CMS), the Department of Defense (DoD) and the Markle Foundation. VA was the first health system to offer Blue Button functions to its patients in August 2010; since then, hundreds of thousands of Veterans have downloaded their data from VA's MyHealthVet website ([www.myhealth.va.gov](http://www.myhealth.va.gov)).

RelayHealth provides information exchange services to more than 200,000 physicians and their staffs and more than 2,000 hospitals and health systems. More than 17 million patients and patient health records are available using RelayHealth applications. To win the prize, RelayHealth had to show that it had upgraded its PHR to use Blue Button technology, and at least 25,000 of its physicians offered the new Blue Button functions to their patients.

The VA Innovation Initiative solicits the most promising ideas from VA employees, the private sector, non-profits and academia to increase Veterans' access to VA services, improve the quality of services, enhance the performance of VA operations, and deliver those services more efficiently. DoD also provides Blue Button download capabilities to its TRICARE beneficiaries and Medicare beneficiaries can download their claims histories using the CMS Blue Button functions. Many other health plans and health systems have adopted Blue Button-enabled PHRs to their patients.

More information about Blue Button and its use across the health care industry is available at: <http://bluebuttondata.org> and [www.va.gov/bluebutton/](http://www.va.gov/bluebutton/).

- **The Department of Veterans Affairs awarded \$7.5 million to the U.S. Olympic Committee (USOC) to provide recreation and sport activities for disabled veterans and disabled members of the Armed Forces.**

In 2010, VA awarded \$7.5 million to the USOC to begin the program.

Under terms of the agreement, VA funds are provided to the USOC's member organizations, Paralympic Sports Clubs and veteran and military organizations to start community-based, physical activity programs for disabled Veterans and disabled members of the Armed Forces. Disabled veterans can locate adaptive sporting events in their communities by visiting the U.S. Paralympics Web site: [www.usparalympics.org](http://www.usparalympics.org).

Public Law 110-389 authorized VA to award grants to the USOC to plan, manage and implement an adaptive sports program. The law also authorized VA to establish an Office of National Veterans Sports Programs and Special Events. This office works with the USOC to provide adaptive sports for disabled Veterans and will manage VA's existing National Rehabilitation Special Events.

For additional information on VA adaptive sports and special events, visit the VA Web site: [www.va.gov/adaptivesports](http://www.va.gov/adaptivesports).

- **The Department of Veterans Affairs (VA) awarded Harris Corp. a \$54.9 million, five-year contract to implement surgical workflow management software across the VA's 130 hospitals.**

The Melbourne, Fla.-based contractor is implementing and operating the Centricity Perioperative Management software of GE Healthcare. It's the VA's first enterprise implementation of a commercial, off-the-shelf clinical system, according to the agency. The system will support scheduling, accessing patient profiles, ordering tests and tracking surgical assets.

The workflow software will integrate with disparate surgical information systems across the VA. Harris also will put the software in 21 Veterans Integrated Services Networks, which are regional integrated care networks.

- **The Sanford Guide announced that the U.S. Department of Veterans Affairs (VA) Veterans Health Administration has deployed the Sanford Guide Web Edition to all VA Medical Centers in the U.S. and Puerto Rico.**

The Sanford Guide is recognized as the essential reference for infectious disease treatment. Its Web Edition is now available online at VA Medical Center nationwide, providing focused, up-to-date, evidence-based information on treatment of infectious diseases. There are 152 VA Medical Centers, located in every state, Washington, D.C. and Puerto Rico providing comprehensive care to more than 5.5 million veterans annually.

Sanford Guide topics are organized by disease or clinical condition and by organism. Treatment recommendations are linked to comprehensive anti-infective drug information, augmented by guidance for antimicrobial prophylaxis, exposure management and immunizations.

The Sanford Guide Web Edition is powered by a robust search engine that affords quick access to specific topics. Rapid Reference outlines allow the user to browse disease topics by category. Extensive internal links connect related content for logical navigation. Literature references are linked to primary sources. Regular updates assure that content is always current.

The Sanford Guide Web Edition is utilized as a teaching tool in medical schools, including the Uniformed Services University of the Health Sciences, the U.S. military medical school. The Sanford Guide Web Edition is also deployed in U.S. State Department Embassy clinics worldwide.

## Health Care News

- **The U.S. Department of Health and Human Services announced that 500 community health centers in 44 states will receive approximately \$42 million over three years to improve the coordination and quality of care they deliver to people with Medicare and other patients.**

Under this Advanced Primary Care Practice demonstration, Medicare will pay community health centers based on the quality of care they deliver. This improved payment system will reward clinics for such things as helping patients manage chronic conditions like diabetes or high blood pressure. In addition, health centers will use this funding to expand their hours, make same day appointments and accommodate patients with urgent care needs.

The demonstration, operated by the Innovation Center in partnership with HRSA, will be conducted from Nov. 1, 2011 through Oct. 31, 2014. Participating health centers will be paid a monthly fee for each eligible person with Medicare that receives primary care services. The CMS Center for Medicare and Medicaid Innovation (Innovation Center) and the Health Resources Services Administration (HRSA) will provide technical assistance to help participating community health centers throughout the demonstration.

To study the process and challenges involved in transforming community health centers into advanced primary care practices, the Innovation Center will conduct an independent evaluation of the demonstration. The evaluation will assess the project's impact on hospital admission rates, emergency department visits rates, access, quality and cost of care provided to Medicare beneficiaries. The evaluation will also assess whether the demonstration was cost effective.

Since the beginning of 2009, health centers across the country have added more than 18,600 new full-time positions in many of the nation's most economically distressed communities. In 2010, they employed more than 131,000 staff and new funds, made available by the Affordable Care Act in September, will help create thousands more jobs nationwide.

For more information on how the Affordable Care Act is finding better ways to improve healthcare, visit [www.HealthCare.gov](http://www.HealthCare.gov).

- **On Oct. 21, the U.S. Food and Drug Administration approved Onfi tablets (clobazam) for use as an adjunctive (add-on) treatment for seizures associated with Lennox-Gastaut syndrome in adults and children two years of age and older.**

As Onfi is intended to treat a disease or condition that affects fewer than 200,000 people in the United States, it was granted orphan drug designation by the FDA.

Lennox-Gastaut syndrome usually begins before four years of age, and can be caused by a number of conditions, including brain malformations, severe head injuries, central nervous system infections, and inherited degenerative or metabolic conditions. In 30 to 35 percent of patients, no cause can be found. Patients commonly have frequent seizures of a wide variety, including tonic (stiffening of the body, upward deviation of the eyes, dilation of the pupils, and altered respiratory patterns), atonic (brief loss of muscle tone and consciousness, causing abrupt falls), atypical absence (staring spells), and myoclonic (sudden muscle jerks).

Most children with Lennox-Gastaut syndrome experience some degree of impaired intellectual functioning or information processing, as well as developmental delays and behavioral disturbances.

The effectiveness of Onfi, when added to ongoing seizure medication, was established in two multicenter controlled studies of patients two years of age and older. In each study, the drug was tested for the amount of reduction in the weekly frequency of drop seizures (atonic, tonic, or myoclonic seizures resulting in a fall or loss of posture) from the four-week baseline period to a maintenance period. In both studies, patients taking Onfi had improved seizure control when compared to those taking control treatment (placebo in one study and low-dose Onfi in the other study).

The FDA is requiring that a Medication Guide be given to patients and caregivers when Onfi is dispensed. The Medication Guide describes the risks and adverse reactions people should be mindful of when using the product.

Onfi is manufactured by Catalent Pharma Solutions LLC, Winchester, Ky., for Lundbeck Inc. of Deefield, Ill.

- **The Centers for Disease Control and Prevention (CDC) is launching a new program featuring tools to help both clinicians and cancer patients prevent infections.**

CDC's *Preventing Infections in Cancer Patients* program is a comprehensive initiative focusing on providing information, action steps, and tools for patients, their families, and their health care providers to reduce the risk of life-threatening infections during chemotherapy treatment. These resources include an interactive website ([www.preventcancerinfections.org](http://www.preventcancerinfections.org)) for cancer patients and caregivers, as well as a [Basic Infection Control and Prevention Plan for use by outpatient oncology settings](#).

The new website, called "[3 Steps Toward Preventing Infections During Cancer Treatment](#)," includes a questionnaire that helps cancer patients understand their risk for developing a condition called neutropenia, a low white blood cell count during chemotherapy. Neutropenia is a common and potentially dangerous side effect of chemotherapy that reduces a patient's ability to fight infection. Cancer patients and caregivers can answer a few questions about their risk factors and receive information about how they can prepare, prevent and protect themselves from getting an infection during their cancer treatment:

- Prepare: Watch out for a fever during chemotherapy.
- Prevent: Clean your hands.
- Protect: Know the signs and symptoms of an infection and what to do if you develop any signs or symptoms.

For health care providers and facility administrators, [The Basic Infection Control and Prevention Plan for Outpatient Oncology Settings](#) includes key policies and procedures to ensure the facility meets or exceeds minimal expectations for patient safety, as described in the newly released [CDC Guide to Infection Prevention in Outpatient Settings](#). The elements in this plan are based on [CDC's evidence-based guidelines and those from professional societies](#).

It is critical that care of this vulnerable patient population be provided under conditions that minimize the risk of health care-associated infections. This responsibility should be shared by clinicians, to follow best practices and facility administrators, to ensure that staff has appropriate resources and training. A combined approach will help to emphasize the importance of creating a culture of infection prevention at all health care facilities.

The CDC recommends that outpatient oncology facilities utilize the plan in one of the following ways:

- Facilities that have a plan in place should ensure that its policies and procedures include the elements outlined in this tool.
- Facilities without a plan should use this resource as a tool to draft and implement a plan for their facility.
- Facilities can use this plan as written or modify it with facility-specific information.

Preventing Infections in Cancer Patients was developed by oncology and infection prevention experts from CDC in partnership with external experts and the CDC Foundation.

#### Reserve/Guard

- As of Oct. 18, 2011, the total number of Guard and Reserve currently on active duty has increased by 745 to reach 92,056. The totals for each service are Army National Guard and 70,308; Navy Reserve, 4,657; Air National Guard and Air Force Reserve, 10,598; Marine Corps Reserve, 5,717, and the Coast Guard Reserve, 776. [www.defenselink.mil](http://www.defenselink.mil)

#### Reports/Policies

- **The GAO published "Department of Defense: Use of Neurocognitive Assessment Tools in Post-Deployment Identification of Mild Traumatic Brain Injury," (GAO-12-27R) on Oct. 24, 2011.** This report describes DoD's post-deployment policy on the use of neurocognitive assessment tools as a stand-alone initial screen to identify service members who may have sustained a TBI during deployment; what informed DoD's decisions to establish this post-deployment policy; and TBI experts' views on the science related to DoD's policy decision. <http://www.gao.gov/new.items/d1227r.pdf>
- **The GAO published "Health Care Price Transparency: Meaningful Price Information Is Difficult for Consumers to Obtain Prior to Receiving Care," (GAO-11-791) on Oct. 24, 2011.** This report examines how various factors affect the availability of health care price information for consumers and the information selected public and private health care price transparency initiatives make available to consumers. <http://www.gao.gov/new.items/d11791.pdf>
- **The Institute of Medicine (IOM) published "Social and Economic Costs of Violence - Workshop Summary," on Oct. 25, 2011.** This report evaluates the social and economic costs of violence and the cross-cutting public health approaches to violence prevention from multiple perspectives and at various levels of society. <http://www.iom.edu/Reports/2011/Social-and-Economic-Costs-of-Violence-Workshop-Summary.aspx>

#### Legislation

- **H.R.3245** (introduced Oct. 24, 2011): Efficient Service for Veterans Act was referred to the Committee on Veterans' Affairs, and in addition to the Committee on Armed Services.  
Sponsor: Representative Jeff Denham [CA-19]
- **H.RES.445** (introduced Oct. 24, 2011): Supporting the goals and ideals of National Underserved Veterans Awareness Week was referred to the Committee on Veterans' Affairs.  
Sponsor: Representative Jeff Denham [CA-19]
- **H.R.3239** (introduced Oct. 21, 2011): Safeguarding Access For Every Medicare Patient Act was referred to the House Committee on Energy and Commerce  
Sponsor: Representative Tom Marino [PA-10]
- **S.1750** (introduced Oct. 20, 2011): Home Care Consumer Bill of Rights Act was referred to the Committee on Health, Education, Labor, and Pensions  
Sponsor: Senator Al Franken, AI [MN]
- **S.1755** (introduced Oct. 20, 2011): A bill to amend title 38, United States Code, to provide for coverage under the beneficiary travel program of the Department of Veterans Affairs of certain disabled veterans for travel for certain special disabilities rehabilitation, and for other purposes was referred to the Committee on Veterans' Affairs.  
Sponsor: Senator Jon Tester [MT]
- **S.1752** (introduced Oct. 21, 2011): A bill to nullify certain regulations regarding the removal of essential-use designation for epinephrine used in oral pressurized metered-dose inhalers was referred to the Committee on Health, Education, Labor, and Pensions  
Sponsor: Senator Pat Roberts [KS]

#### Hill Hearings

- The House Veterans Affairs Committee will hold a hearing on **Nov. 16, 2011**, topic to be determined.

## Meetings / Conferences

- CFHA's 13th Annual Conference: Accelerating Adoption of Collaborative Care: Reaching the Tipping Point on **Oct. 27-29, 2011**, in Philadelphia, Pa. <http://www.cfha.net/pages/Conference/>
- The American Public Health Association Annual Meeting & Exposition will be held on **Oct. 29-Nov. 2, 2011**, in Washington D.C. <http://www.apha.org/meetings/>
- Epidemiology & Prevention of Vaccine-Preventable Diseases Annual Conference will be held on **Nov. 2-4, 2011**, in Reno, Nev. <http://www.immunizenevada.org/nile-conference>
- The 117<sup>th</sup> AMSUS Annual Meeting will be held **Nov. 6-9, 2011**, in San Antonio, Texas. <http://www.amsus.org/index.php/annual-meeting>
- Eighth Annual Interdisciplinary Women's Health Research Symposium will be held on **Nov. 12, 2011**, in Bethesda, Md. <http://www.orwhmeetings.com/symposium.aspx>
- The CDC's 2011 Symposium on Identification, Screening and Surveillance of HCV Infections in the Era of Improved Therapy for Hepatitis C will be held on **Dec. 1-2, 2011**, in Atlanta Ga. <http://www.cdc.gov/hepatitis/hcvsymposium2011/>
- Institute for Healthcare Improvement (IHI) 22nd Annual Forum on Quality Improvement in Health Care will be held **Dec. 4-7, 2011**, in Orlando, Fla. <http://www.ihl.org/offering/Conferences/Forum2011/Pages/default.aspx>
- 8th Annual American Healthcare Conference & Exhibition will be held **Dec. 5-6, 2011**, in Anaheim Calif. <http://www.worldcongress.com/events/HR11005/index.cfm?confCode=HR11005>
- mHealth Summit will be held on **Dec. 5-7, 2011**, in Washington, D.C. <http://www.mhealthsummit.org/>
- 17th Annual Maternal and Child Health Epidemiology Conference will be held on **Dec. 14-16, 2011**, in New Orleans, La. <http://www.cdc.gov/reproductivehealth/MCHepi/Conference/AboutConference.htm>
- 2012 Military Health System Conference will be held **Jan. 30 - Feb. 2, 2012**, in National Harbor, Md. [www.tricare.mil](http://www.tricare.mil)
- Annual HIMSS Conference & Exhibition will be held **Feb. 20-24, 2012**, in Las Vegas, Nev. <http://www.himssconference.org/?src=hwnav>
- The International Conference on Emerging Infectious Diseases 2012 (ICEID) will be held on **March 11-14, 2012**, in Atlanta, Ga. <http://www.cdc.gov/eid/content/16/11/e1.htm>
- Warrior Resilience Conference IV will be held **March 29-30, 2012**, in Washington DC [http://www.dcoe.health.mil/Default\\_Error.aspx?aspxerrorpath=/content.aspx](http://www.dcoe.health.mil/Default_Error.aspx?aspxerrorpath=/content.aspx)
- 9th Annual World Healthcare Congress will be held **April 16-18, 2012**, in Washington DC <http://www.worldcongress.com/events/HR12000/index.cfm?confCode=HR12000>
- Freedom & Recovery—Integrated Mental Health and Addiction Treatment for Veterans will be held **April 23-26, 2012**, in San Diego, Calif. <http://www.foundationrecoverynetwork.com/events/freedom-and-recovery-2012/FRN-Freedom-and-Recovery-Ad.pdf>
- Armed Forces Public Health Conference will be held **June 1-8, 2012**, in San Diego, Calif. <http://usaphcapps.amedd.army.mil/afphc/>
- The 15th International Congress on Infectious Diseases (ICID) will be held on **June 13-16, 2012**, in Bangkok, Thailand. [http://www.isid.org/15th\\_ICID/](http://www.isid.org/15th_ICID/)

If you need further information on any of the items in the Federal Health Update, please contact Kate Connelly Theroux at (703) 447-3257 or by e-mail at [katetheroux@fedhealthinst.org](mailto:katetheroux@fedhealthinst.org). To subscribe, please visit <http://fedhealthinst.org/subscriber.cfm>. To unsubscribe, please send an email to [newsletter@fedhealthinst.org](mailto:newsletter@fedhealthinst.org) with UNSUBSCRIBE as the subject.

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